ence to ourselves. No precedent is safe unless it is confirmed by our objective present findings.

If individual freedom demands that every man have his available alcohol, then why does it not equally demand that he also have his cocaine and morphine? All are drugs, with certain actions which are beneficial when properly directed and with other actions which work untold harm when allowed "freedom." The social conscience of our time will not allow personal freedom to be confounded with license and loss of self-control.

We believe that the evidence in the various lines cited is decidedly against the value or necessity of alcohol as a beverage. We will be glad to hear evidence, if there be any, to the contrary, but we will not tolerate camouflage and sophistry and cloaking of mercenary designs under misleading argument and ostensible moral purpose.

TYPICAL "NEGLIGENCE" CASES AND SOME REASONS FOR THE FORMATION OF THE INDEMNITY DEFENSE FUND.

We have on several occasions stated in these columns that many of our members are under the mistaken impression that claims for malpractice and actions for alleged negligence and carelessness are as a rule asserted and filed only against the younger members of the profession—those who might be regarded as less skilled or experienced, or against whom some imputation of recklessness might be made. Nothing could be further from the truth. We have also stated on a number of occasions in these columns, and we do not hesitate to say again, that ignorance or rapacity do not discriminate in the selection of their victims, and that the oldest, best qualified, and most experienced of our number are just as much the subject of attacks for alleged malpractice as any others.

To point these statements we will quote a few typical cases from our legal defense files (names and other identifying data being, of course, omitted).

Case 1: A physician of forty years' experience, a graduate and post-graduate of two or more leading colleges of medicine, is called to attend a patient suffering from a bone felon. He prescribes a recognized standard surgical dressing, finally lances the finger and gives proper and careful instruction as to cleansing, etc. He is then discharged by the patient, who does not think a doctor's services necessary any longer, and who thereafter undertakes the treatment of the finger himself. He permits infection to go on and the finger has to be amputated. The patient then sues the doctor for $10,000.

Case 2: A patient, riding in an automobile which collides with a railroad train, sustains seventeen fractures of the arms, legs and ribs. He hovers between life and death for a month. The physician, fully experienced and qualified, by the use of special appliances, secures and maintains the correct apposition on all fractures, carries the patient beyond the effects of the shock, threatened pneumonia, and even takes the precaution to have his treatment checked and approved from time to time by an able consultant. The patient discharges the physician at the end of seven weeks and files suit for $25,000 for negligently delaying recovery.

With few exceptions the foregoing are fair samples of what our legal defense records disclose. Such claims are being asserted against our members on an average of about eight per month. Ridiculous as they may appear from the standpoint of medical science, they are nevertheless a menace to the individual involved, and require skilful and vigorous handling in his interests.

If you have not gone through an experience of this kind, why not accept the judgment of your representatives and officers and those who have met with such accusations, and fortify yourself and protect your family against possible adverse judgments? The Indemnity Defense Fund was formed to meet this situation.

THE ABSENT DOCTOR'S PRACTICE.

At the suggestion and request of Dr. J. Henry Barbat, President of the State Society, attention is called to a situation in the medical fraternity which should receive the earnest attention of every medical man in the State. An agreement has been entered by the majority of the profession to protect to a certain extent the incomes of their confreres who have gone to the front, first by giving to the doctor's family, or the doctor himself, one-third of the fees collected from his patients, and second, by returning the patient when the doctor returns from the war.

It is unfortunately the case that these provisions have not been complied with always in the manner reflecting honor on the profession. Many complaints have been received from men who are at present away from their own practice, stating that as yet they have received nothing or only a few dollars. While it cannot be expected that an individual will receive one-third of his previous income while he is away, he should be made to feel that his confreres at home are trying to make his lot easier by treating him honestly and fairly in the matter.

It is suggested that the county societies again take up this matter with their members and instruct them to keep a separate account of all patients of men who have gone to the military service, so that when the latter return, they may receive a full account of the work done for them by their friends at home.

In the case of San Francisco County Society, numerous requests have come asking to whom such money should be paid, and in many cases the absentees have left no authorized agent to receive it. Each doctor going to the military should leave proper instructions with his county secretary. And especially should each doctor attending patients of those in the military, be most punctilious in forwarding to the authorized agents the proper proportion of collected fees.